DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

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November 8, 2006

Dear Potential Naturalization Services Program Applicant:

Enclosed is Amendment 1 for the Naturalization Services Program 2007 Request for Application (RFA). Due to several questions received during the past weeks, the Department of Community Services and Development (CSD) has made changes, provided clarifying language, revised forms, and incorporated forms to assist you in completing the RFA. CSD has also extended the Naturalization Services Program RFA deadline until November 22, 2006.

If you have already submitted your RFA package, and would like to make additional changes, please contact Rosa Hernandez, who can be reached at (916) 341-4383 or via e-mail at RHernandez@csd.ca.gov.

Sincerely,

WENDY WOHL
Chief Deputy Director

AMENDMENT 1

Naturalization Services Program
06-RFA-05

The following amendment is being submitted regarding the Request for Application (RFA) 06-RFA-05. Text additions are in **bold and underlined**. Text deletions are displayed as strikethrough e.g., ~~text.~~

1. Page ii, Proposed Time Lines. Applicants are advised that the Proposed Time Lines, as shown below, are amended. The following sequence of steps and time lines below cancel and supersede all dates in the CSD Naturalization Services Program 2007 RFA as originally issued on October 11, 2006.

    RFA Released .... October 11, 2006

    Final Date to Submit Notice of Intent to Apply .... October 27, 2006

    Final Date to Submit RFA .... ~~November 13, 2006 (5:00 p.m.)~~ **November 22, 2006 (5:00 p.m.)**

    RFA Review Period .... ~~November 14 – December 1, 2006~~ **November 27 – December 15, 2006**

    Notice of Intent to Award Posted at www.csd.ca.gov .... ~~December 4, 2006~~ **December 18, 2006**

    Intent to Award and Denial Letters Mailed .... ~~December 4, 2006~~ **December 18, 2006**

    Appeal Period .... ~~December 4, 2006 through December 22, 2006~~ **December 18, 2006 through January 5, 2007**

    Projected Contract Term .... January 1, 2007 through June 30, 2008

    Mandatory Training for Contractors .... January 2007

2. Page 2, <u>Scope of Work/Application Narrative, Collaboration With, and Referral To, Other Naturalization Service Organizations</u> is amend to read as follows.

    Applicant shall be required to establish and/ or demonstrate existing collaborative partnerships and referral systems with other service providers to ensure clients receive services necessary to successfully complete the naturalization process. Applicant should identify and specify partnerships or collaborative efforts with other Naturalization Services providers, and may include the California

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Department of Education English-as-a-Second-Language (ESL), and English Literacy and Civics Education (EL Civics) grantees. **Referrals to other naturalization service organizations such as pro bono legal services should also be included**. The intent of this requirement is to ensure applicants are utilizing partnerships **and making referrals to other naturalization service providers** within their community to ensure the needs of the clients are being met. Naturalizations funds are not to be used to duplicate existing services. Applicants must clearly demonstrate their ability to collaboratively work with existing service providers to serve each client.

3. Page 3, <u>Cost-Per-Client</u>, is amended as follows:

    The cost-per-client for outcome one (1) will depend on the applicant's proposed cost as submitted with this RFA, and shall be a minimum of $150 per client and shall not exceed a maximum of $250 per client. **Applicant is allowed to project a minimum cost-per-client below $150 only if utilizing in-kind contributions as explained on pages 4 and 5, Matching Funds, and page 12, Evaluation Criteria, Cost per Client (outcome one).** The Reimbursement for outcome one (1) will be based on the organization submitting documentation (CSD form 623 and 667) indicating client submitted an Application for Naturalization N-400 and/or N-600. The applicant's cost-per-client for outcome one (1) will be scored on a competitive basis.

4. Pages 4 and 5, Matching Funds are amended as follows:

    Although a minimum of 15 percent matching funds is required, applicant will be able to obtain points in the overall evaluation of this RFA based on matching funds above the required 15 percent.

    In the case of a Service Area where no application is able to generate the required matching funds, the applicant with the highest overall score will be awarded the contract. This provision is to ensure all service areas are served under this program.

    The proposed matching funds must be used during CSD's naturalization services contract period. The applicant must provide a "Letter of Commitment" which must indicate the amount of committed funds and/or cash contributing to the Naturalization Services Program. **Additionally the letter must state that the committed funds may be used to provide the naturalization services required under this RFA**. For committed funds from organizations like United Way or Americorp, the Letter of Commitment must indicate that the funds are "on hand" and ~~unrestricted" and will~~ **able to** be used for services under this RFA. The Letter of Commitment must be signed by the organization's Director. To qualify, funds must be available during this contract term. ~~Restricted funds will not be considered as matching funds.~~ Applicant can only report the committed funds that are within this RFA contract term period.

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Past fundraising funds can be considered as committed funds only if the fundraising event has already occurred and the funds are "on hand" and ~~unrestricted funds."~~ **able to be used to provide the naturalization services under this RFA.** Future fundraising events cannot be considered as committed matching funds.

In-kind contributions, such as volunteer time, will not be considered as committed matching funds. In-kind contributions such as volunteer time may be used to lower the cost-per-client. In the case where in-kind contributions are used to calculate the cost-per-client, an applicant is able to project a cost-per-client below the $150 threshhold and additional points may be applied. See page 12 of this RFA.

5.   Page 6, Minimum Requirements, Contract Experience is amended to read as follows:

Contract Experience - ~~The Applicant~~ **Any entity responsible for providing direct naturalization services** must have a minimum of three (3) years of funding and program experience involving naturalization services. **This includes any subcontractor, consortium provider, or applicant providing services directly to clients.** Applicant shall substantiate this experience by completing Attachment V, 2007 Naturalization Services Program Funding and Experience Sheet.

6.   Page 7, Subcontractor(s) (if applicable) is amended to read as follows:

Applicant may subcontract with other organizations to provide services that support the NSP program. **The subcontractor providing direct naturalization services to clients must have the minimum three (3) years of funding and program experience involving naturalization services.** A subcontractor is also eligible to directly apply for funding, assuming the applicant meets the eligibility requirements outlined above, by submitting an application to provide services in a service area(s), as referenced on Appendix A, Service Area and Funding Allocations.

7.   Page 7, Consortium (if applicable) is amended to read as follows:

Nothing in this RFA shall prohibit one or more providers from applying as a Consortium,. however, a single provider must be designated as the lead Applicant. A Consortium, for purposes of this RFA, is defined as two or more naturalization service providers that form a partnership or an association, however, a single provider must be designated as the lead Applicant. ~~Each~~ **The** Consortium provider **providing direct naturalization services** must have the minimum three (3) years of funding and program experience involving naturalization services. The applicant must substantiate this experience as

outline in this Section, under <u>Minimum Requirements</u>. The application must clearly identify each of the providers that constitute making up the Consortium.

8. Page 10, Selection Process, Phase 3 is amended to read as follows:

- <u>Phase 3</u>: CSD staff will review applications to determine Applicant's responsiveness to Scope of Services, Matching Funds, and Cost-Per-Client (Outcome 1). All applications will be reviewed and assigned a competitive score. The following is provided as the relative weight for each component in Phase 3:

Scope of WorkServices	50%
Matching Funds	25%
Cost -Per –Client (Outcome 1)	~~25%~~ 30%
Total	~~100%~~ 105%

9. Page 12, Evaluation Criteria, Cost per Client (outcome one) is amended to read as follows:

Cost per Client (outcome one) weighted at ~~25~~ **30** percent of total score

Agency Proposed Cost-per-Client Evaluation Criteria	Points
<u><$149</u>	<u>30</u>
$150 - $165	25
$166 - $175	20
$176 - $200	15
$201 - $225	10
$226 - $250	5

<u>*Applicant is allowed to project below $150 only if utilizing in-kind contributions to calculate the cost-per-client. These costs must be identified on Attachment VI, 2007 Naturalization Services Program Budget or Attachment VII 2007 Naturalization Services Program Budget for Consortium. Those applicants using in-kind contributions to lower the cost-per client, must attach an additional page to Attachment VI, 2007 Naturalization Services Program Budget or Attachment VII, 2007 Naturalization Services Program Budget for Consortium, and itemize the in-kind services that will be used.</u>

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10. Page 16, Attachment I, 2007 Naturalization Services Program, Application Face Sheet, is replaced and attached.

11. Page 21, Attachment VI, 2007 Naturalization Services Program Budget (Rev. 10/06) is replaced with 2007 Naturalization Services Program Budget (Rev. 11/06, pages 21a and 21b of 23.

12. Page 22, Attachment VII, 2007 Naturalization Services Program Budget For Consortium (Rev. 10/06) is replaced with 2007 Naturalization Services Program Budget For Consortium (Rev. 11/06), pages 22a and 22b of 23.

13. A new item Appendix D, CSD forms 623 and 627 (Rev 10/06), are incorporated by this reference.

All other items in the Department of Community Services and Development, Request for Application, 2007 Naturalization Services Program 06-RFA-05, remain as originally issued on October 11, 2006.

2007 NATURALIZATION SERVICES PROGRAM
Application Face Sheet

Applicant's Organizational Name: _____

Applicant's or Agency's Legal Name (if different): _____

Federal Employee Identification Number (FEIN): _____

Applicant's Street Address: _____

Applicant's Mailing Address (if different from above): _____

City: _____ County: _____ State: _____ ZIP Code: _____

Telephone: (   ) _____ Alternate Telephone: (   ) _____

Facsimile Number: (   ) _____ E-mail Address: _____

Agency Contact Person: _____

Type of Organization: Check appropriate item.
❑ Private, Nonprofit, Community-Based Organization
❑ Local Public Agency

Required Information: Check each box when completed.
❑ Total Funding Request $_____
❑ Service Area Number _____
❑ Total Cost for Outcome 1 $_____
❑ Total Cost for Outcome 2 $_____
    $_____ Cost-per-Client for Outcome 1
    $ 100 Cost-per-Client for Outcome 2
❑ Number of Clients to be Served for Outcome 1 _____
❑ Number of Clients to be Served for Outcome 2 _____
❑ Matching Fund Amount and Percentage $_____ _____%
❑ Number of Additional Clients to be Served with Matching Funds _____
❑ Number of Years Providing Naturalization Services _____
❑ Does Applicant Intend To Subcontract Services Yes _____ No _____
❑ Applicant Is a Past CSD NSP Contractor: Yes_____ No_____

By submitting this application, the applicant certifies the validity of the contents and claims contained herein. Invalid claims by applicant or an incomplete application are grounds for an application to be deemed nonresponsive and be disqualified.

Signature of Authorized Person: _____

Typed or Printed Name of Authorized Person: _____

Attachment VI
2007 NATURALIZATION SERVICES PROGRAM BUDGET

Applicant's Name:	
Service Area (Refer to Appendix A):	
Application Amount (Refer to Appendix A):	

SECTION 1 - APPLICANT'S BUDGET - must be completed if not subcontracting.

1.a	Applicant's Cost per Client for Outcome 1 Minus In-Kind Contribution 1.b (if applicable):	$
1.b	In-Kind Contribution estimated value for Outcome 1:	$
1.c	Applicant's Number of Clients To Be Served for Outcome 1:	#
1.d	Total Cost for Outcome 1 (Line 1.a multiplied by Line 1.c):	$
1.e	Applicant's Cost per Client for Outcome 2 Minus In-Kind Contribution 1.f (if applicable):	$
1.f	In-Kind Contribution estimated value for Outcome 2:	$
1.g	Applicant's Number of Clients To Be Served for Outcome 2:	#
1.h	Total Cost for Outcome 2 (Line 1.e multiplied by Line 1.g):	$
1.i	GRAND TOTAL: (Line 1.d plus Line 1.h) Total must match Application Amount (Appendix A)**	$

SECTION 2 - APPLICANT'S AND SUBCONTRACTOR'S DETAIL BUDGET BREAKDOWN - must be completed if applicant intends to subcontract. All subtotal(s) must be aggregated and factored into one final cost and entered below in Section 3.

APPLICANT:

NAME:		
ADDRESS:		
2.a	Cost per Client for Outcome 1 Minus In-Kind Contribution 2.b (if applicable):	$
2.b	In-Kind Contribution estimated value for Outcome 1:	$
2.c	Number of Clients To Be Served for Outcome 1:	#
2.d	Total Cost for Outcome 1(Line 2.a multiplied by Line 2.c)	$
2.e	Cost per Client for Outcome 2 Minus In-Kind Contribution 2.f (if applicable):	$
2.f	In-Kind Contribution estimated value for Outcome 2:	$
2.g	Number of Clients fo be Served for Outcome 2:	#
2.h	Total Cost for Outcome 2 (Line 2.e multiplied by 2.g)	$
2.i	Subtotal Applicant (Lines 2.d plus 2.h)	$

APPLICANT'S REMAINING FUNDS FOR DISTRIBUTION

2.j	Applicant's Remaining Funds (Application Amount minus 2.i)	$
2.k	Applicant's Overhead (Line 2.j multiplied by 5%)	$
2.l	Applicant's Remaining Funds For Distribution (Lines 2.j minus 2.k)	$

SUBCONTRACTOR 1: (if applicable)

NAME:		
ADDRESS:		
2.m	Cost Per Client for Outcome 1:	$
2.n	Number of Clients To Be Served for Outcome 1:	#
2.o	Total Cost for Outcome 1 (Line 2.m multiplied by 2.n)	$
2.p	Cost Per Client for Outcome 2:	$
2.q	Number of Clients To Be Served for Outcome 2:	#
2.r	Total Cost for Outcome 2 (Line 2.p multiplied by 2.q)	$
2.s	Subtotal Subcontractor 1 (Lines 2.o plus 2.r)	$

	SUBCONTRACTOR 2: (If applicable)	
	NAME:	
	ADDRESS:	
2.t	Cost per Client for Outcome 1:	$
2.u	Number of Clients To Be Served for Outcome 1:	#
2.v	Total Cost for Outcome 1 (Line 2.t multiplied by 2.u)	$
2.w	Cost per Client for Outcome 2:	$
2.x	Number of Clients To Be Served for Outcome 2:	#
2.y	Total Cost for Outcome 2 (Line 2.w multiplied by 2.x)	$
2.z	Subtotal Subcontractor 2 (Lines 2.v plus 2.y)	$
2aa	GRAND TOTAL: Suboncontractors' Costs - (Lines 2.s plus 2.z)	$
2.bb	GRAND TOTAL: Subcontractors' Number of Clients To Be Served - (Lines 2.n 2.q, 2.u, and 2.x)	#
SECTION 3 - APPLICANT'S AND SUBCONTRACTOR'S BUDGET - must be completed if applicant intends to subcontract.		
3.a	Applicant's Cost: (if providing direct services) (Line 2.i)	$
3.b	Combined Subcontractors' Cost: (Line 2.aa)	$
3.c	Applicant's Overhead Cost: (if applicable) (Line 2.k)	$
3.d	GRAND TOTAL: (Lines 3.a. 3.b, 3.c)	$
3.e	Applicant's and Subcontractors' Combined Total Number of Clients To Be Served: (Line 2.c, 2.g, 2.n, 2.q, 2.u, 2.x)	#
3.f	Applicant's and Subcontractors' Combined Cost per Client: (Lines 3.d divided by 3.e)	$
3.g	GRAND TOTAL: (Lines 3.e multiplied by 3.f) Total must match Application Amount (Appendix A)**	$

*Duplicate and attach additional sheets if necessary.

**Rounding issues may occur and are acceptable.

***Applicant is allowed to project below $150 only if utilizing in-kind contributions to calculate the cost-per-client. These costs must be identified on Attachment VI, 2007 Naturalization Services Program Budget. Those applicants using in-kind contributions to lower the cost-per client, must attach an additional page to Attachment VI, 2007 Naturalization Services Program Budget, and itemize the in-kind services that will be used.

****Budget modifications between Outcome 1 and Outcome 2 will be allowed at specific intervals during the contract term, upon CSD approval.

State of California
Department of Community Services and Development
CSD 95 (New 11/06)

Attachment VII
2007 NATURALIZATION SERVICES PROGRAM BUDGET
FOR CONSORTIUM

Consortium's Name:

Service Area (Refer to Appendix A):

Application Amount (Refer to Appendix A):

SECTION 1 - CONSORTIUM'S DETAIL BUDGET BREAKDOWN - must be completed if applying as a Consortium. All subtotal(s) must be aggregated and factored into one final cost and entered below in Section 2.

APPLICANT:

NAME:

ADDRESS:

1.a	Cost per Client for Outcome 1 Minus In-Kind Contribution 1.b (if applicable:	$
1.b	In-Kind Contribution estimated value for Outcome 1:	$
1.c	Number of Clients to Be Served for Outcome 1:	#
1.d	Total Cost for Outcome 1 (Line 1.a multiplied by Line 1.c):	$
1.e	Cost per Client for Outcome 2 Minus In-Kind Contribution 1.f (if applicable):	$
1.f	In-Kind Contribution estimated value for Outcome 2:	$
1.g	Number of Clients to Be Served for Outcome 2:	#
1.h	Total Cost for Outcome 2 (Line 1.e multiplied by 1.g):	$
1.i	Subtotal Applicant (Lines 1.d plus 1.h)	$

CONSORTIUM PROVIDER 1:

NAME:

ADDRESS:

1.j	Cost per Client for Outcome 1:	$
1.k	Number of Clients to Be Served for Outcome1:	#
1.l	Total Cost for Outcome 1 (Line 1.j multiplied by Line 1.k)	$
1.m	Cost per Client for Outcome 2:	$
1.n	Number of Clients to Be Served for Outcome 2:	#
1.o	Total Cost for Outcome 2 (Line 1.m multiplied by 1.n):	$
1.p	Subtotal Consortium Provider 1 (Lines 1.l plus 1.o)	$

CONSORTIUM PROVIDER 2:

NAME:

ADDRESS:

1.q	Cost per Client for Outcome 1:	$
1.r	Number of Clients to Be Served for Outcome 1:	#
1.s	Total Cost for Outcome 1 (Line 1.q multiplied by Line 1.r)	$
1.t	Cost per Client for Outcome 2:	$
1.u	Number of Clients to Be Served for Outcome 2:	#
1.v	Total Cost for Outcome 2 (Line 1.t multiplied by Line 1.u)	$
1.w	Subtotal Consortium Provider 2 (Lines 1.s plus Line 1.v)	$
1.x	**GRAND TOTAL: (Lines 1.i plus 1.p and 1.w)**	$
1.y	**GRAND TOTAL: Number of Clients to be served: (Lines 1.c, 1.g, 1.k, 1.n, 1.r, and 1.u)**	#

SECTION 2 - CONSORTIUM'S BUDGET - must be completed if applying as a Consortium.		
2.a	Consortium's Combined Cost: (Total must match 1.x)	$
2.b	Consortium's Combined Total Number of Clients To Be Served: (Total must match 1.y)	#
2.c	Consortium's Cost per Client (2.a divided by 2.b)	$
2.d	**GRAND TOTAL: (Lines 2.b multiplied by 2.c)** Total must match Application Amount (Appendix A)**	$

*Duplicate and attach additional sheets if necessary.

**Rounding issues may occur and are acceptable.

***Applicant is allowed to project below $150 ony if utilizing in-kind contributions to calculate the cost-per-client. These costs must be identified on Attachment VII, 2007 Naturalization services Program Budget for Consortium. Those applicants using in-kind contributions to lower the cost-per-client, must attach an additional page to Attachment VII, 2007 Naturalization Services Program Budget For Consortium , and itemize the in-kind services that will be used.

****Budget modifications between Outcome 1 and Outcome 2 will be allowed at specific intervals during the contract term, upon CSD approval.

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
NATURALIZATION SERVICES PROGRAM
CSD 623 (Rev. 10/06)

2007 NATURALIZATION SERVICES PROGRAM MONTHLY EXPENDITURE REPORTING FORM

Contractor:		Contract Number: 06N-	Report Period:	
Prepared By (Print Name/Title):			Report Adjustment: #	
E-Mail Address:		Telephone Number:		
		Fax Number:		

SECTION 1 - PROGRAM COSTS		
1.a	Cost-per-Client (Outcome 1: N-400/N-600 Application Submitted)	$
1.b.	Cost-per-Client (Outcome 2: Client Receives Certificate of Naturalization)	$ 100
1.c	Clients Obtained Fingerprints	$ 50
1.d	Clients Successfully Completed USCIS Interview	$ 50

SECTION 2 - CLIENTS SERVED		
2.a	Number of Clients Served (Outcome 1)	#
2.b	Number of Clients Served (Outcome 2)	#
2.c	Number of Clients Obtained Fingerprints	#
2.d	Number of Clients Successfully Completed USCIS Interview	#

SECTION 3 - EXPENDITURE FOR REPORTING PERIOD		
3.a	**TOTAL EXPENDITURES** (Line 2.a multiplied by Line 1.a, plus Line 2.b multiplied by 1.b, plus Line 2.c. multiplied by 1.c, plus Line 2d multiplied by Line 1.d)	$

SECTION 4 - ADVANCE REPAYMENT		
4.a	Advance Repayment (if applicable)	$

SECTION 5 - TOTAL COSTS		
5.A	Total Reimbursement (after advance repayment has been applied)	$

SECTION 6 - MATCHING FUNDS		
6.a	Matching Fund Amount - For informational use only	$

SECTION 7 - MATCHING FUNDS CLIENTS SERVED		
7.a	Number of Matching Funds Clients Served - For informational use only	#

CONTRACTOR'S CERTIFICATION

The authorized signature below certifies that this report is a true and accurate presentation of actual Expenditures and Activities made during the reporting period, and that these Expenditures and Activities were made in accordance with the purpose and conditions of the contract referenced above.

Authorized Person (Print Name/Title):	Signature:	Date

CSD ACCOUNTING USE ONLY

Payment:	PCA#	Approved By:	Date:

State of California
Department of Community Services and Development
NATURALIZATION SERVICES PROGRAM
CSD 667 (Rev. 10/06)

2007 NATURALIZATION CLIENT REPORTING FORM

Contractor Name:			Report Period:				
Prepared By: (Print Name and Title)			Contract Number:				
			Telephone Number:				
			Fax Number:				
			E-mail Address:				
				DATE			
CLIENT NUMBER	LAST NAME	FIRST NAME	MI	Application Submitted	Certificate of Naturalization	Fingerprints Taken	Interview Completed
06N-XXXX-0001							
06N-XXXX-0002							
06N-XXXX-0003							
TOTAL FOR THIS PAGE:							
GRAND TOTAL FOR ALL PAGES:							

duplicate and attach additional sheets if necessary